



## APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY

**The City of Norman**  
Human Resources Department  
P.O. Box 370 201-C West Gray  
Norman, OK 73070 Norman, OK 73069  
(405) 366-5482  
JOB LINE 366-5321  
[www.NormanOK.gov/HR/HR-Job-Postings](http://www.NormanOK.gov/HR/HR-Job-Postings)

**AN EQUAL OPPORTUNITY EMPLOYER**

The City of Norman does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability, or any other legally protected status.

This is an application for employment and no employment contract is being offered. After a selection has been made, this application will not be considered for any other position. If you need assistance in completing this application form or in participating in the selection process, please inform a member of the Human Resources staff.

**INSTRUCTIONS: Applications which are not complete will not be processed. No faxed applications will be accepted.**

### **PERSONAL**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
LAST FIRST MIDDLE
2. Address \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP
3. Mailing Address \_\_\_\_\_  
IF DIFFERENT FROM STREET ADDRESS
4. E-Mail Address \_\_\_\_\_
5. Cell No. \_\_\_\_\_ Home No. \_\_\_\_\_ Msg/Work No. \_\_\_\_\_
6. Are you eighteen years of age or older? ☐ Yes ☐ No
7. Position desired \_\_\_\_\_ Dept/Division \_\_\_\_\_  
Rate of expected pay \$ \_\_\_\_\_ per \_\_\_\_\_
8. Are you available to work ☐ Full-time ☐ Part-time  
Specify days and hours if part-time: \_\_\_\_\_
9. Were you previously employed by us? ☐ Yes ☐ No If yes, when? \_\_\_\_\_
10. Are you a U.S. Citizen? ☐ Yes ☐ No If no, do you have a legal right to work in the U.S.? \_\_\_\_\_  
Explain: \_\_\_\_\_
11. Driver's License \_\_\_\_\_  
STATE TYPE/CLASS OF LICENSE EXPIRATION DATE
12. Are you related to any City employee or any member of the City Council? ☐ Yes ☐ No  
If yes, give name, department, and relationship: \_\_\_\_\_
13. Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony?  
☐ Yes ☐ No If yes, state what, when, and how: \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## EDUCATION RECORD

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE/MAJOR
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS OR TRADE				
OTHER				

## PERSONAL REFERENCES

Give name, occupation, address, and phone number of **THREE** references who are *not* related to you and are *not* current or previous employers.

Name	Occupation	Address	Phone Number

## EMPLOYMENT HISTORY

List past 10 years of employment, beginning with your most recent/current employer. **Account for all gaps in employment.** Supplemental Employment History forms are available upon request.

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER: ☐ YES ☐ NO  
DUTIES RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
STARTING DATE: \_\_\_\_\_ STARTING SALARY: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER: ☐ YES ☐ NO  
DUTIES RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
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ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER: ☐ YES ☐ NO  
DUTIES RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_  
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ENDING DATE: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
AVG. # OF HOURS WORKED/WEEK: \_\_\_\_\_ MAY WE CONTACT EMPLOYER: ☐ YES ☐ NO  
DUTIES RESPONSIBILITIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## READ CAREFULLY BEFORE SIGNING

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Norman to investigate any information included in the application, and I agree to submit to medical examination, if required. **The City of Norman requires pre-employment drug screening and criminal record search for all position.** I understand that this application is not a contract of employment. I hereby release the City of Norman and its agents from all liability in making any investigation or inquiry relative to any information contained in the application form. I understand that, if employed, false or misleading statements given in this application or interview(s) may result in discharge. If hired, I understand probationary and temporary employees have no rights to permanent employment and may be terminated without cause at the discretion of the City. I understand that I am required to abide by all rules and regulations of the City of Norman. *This application must be signed (handwritten or electronic) and dated for employment consideration.*

SIGNATURE OF APPLICANT

DATE

Applicant Name: \_\_\_\_\_

FOR TEST ADMINISTRATOR’S USE

TESTS ADMINISTERED	DATE	SCORE	RETEST	COMMENTS
SPELLING				
TYPING				
DATA ENTRY				
UMPIRE: BASEBALL				
UMPIRE: SOFTBALL				
MICROSOFT WORD				
MICROSOFT EXCEL				
MICROSOFT PUBLISHER				
MICROSOFT ACCESS				